

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 375)

SERIAL NO.

10/530665

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		2				
2		1		1			52		2				
3		1		1			53		2				
4		1		1			54		2				
5	1		1				55		2				
6		5					56		2				
7		5					57		2				
8		5					58		2				
9		4		1			59		2				
10		4		1			60	1	1	1			
11		4					61		1		1		
12		4					62		1		1		
13		4					63		3		1		
14		4		1			64		1				
15		4					65		2				
16		4					66		2				
17		4		1			67		2				
18		4					68		2				
19		4					69		2				
20	1		1				70		2				
21		1		1			71	1					
22		2		1			72		1				
23		2					73		1				
24		2					74		1				
25		2					75		1				
26		2					76		1				
27		2					77		1				
28		2					78	1		1			
29		2					79		1				
30		2					80		1				
31		2					81		2				
32		2					82		2				
33		2					83		2				
34		2					84		2				
35		2					85	1					
36		2					86		1				
37		2					87		1				
38		2					88		1				
39		2					89		4				
40		2					90		1				
41		2					91	1		1			
42		2					92		1				
43		2					93		2				
44		2					94		2				
45	1						95		2				
46		1					96		2				
47		1					97		2				
48		1					98		2				
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	15	←		←
TOTAL CLAIMS							TOTAL CLAIMS			21			